

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030599

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7547

FILED AUG 1 1963

## 1. PLACE OF DEATH

a. COUNTY

MISSOURI

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN  
ST. LOUISLength of stay in 1b  
3 MO. 25 DAYSc. FULL NAME (If not in hospital, give name of  
HOSPITAL  
INSTITUTION  
ST. LOUIS LITTLE ROCK HOSP.  
INC.Inside Limits  
Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

admission)

c. CITY  
OR  
TOWN

ST. LOUIS

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

6022 KINGSBURY

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

ROSE

Middle

(NMN)

Last

URBANSKI

4. DATE  
OF  
DEATH

Month

JULY

Day

22

Year

1963

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

10-5-1896

## 9. AGE (last birthday)

66

## IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NOT EMPLOYED

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Nicholas Murphy

## 13b. MOTHER'S MAIDEN NAME

Bridgett McGrath

## 14. NAME OF HUSBAND OR WIFE

Peter Urbanski -deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mr &amp; Mrs Lawrence Murphy 6435 Clayton

## 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Carcinomatous

INTERVAL BETWEEN  
ONSET AND DEATH

7

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Carcinoma of Lung + Liver

4 mo.

## DUE TO (c)

199.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from MARCH 26, 1963 to JULY 22, 1963 and last saw her alive on July 22, 1963  
Death occurred at 12:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

John A. Hartwig M.D.

## 22b. ADDRESS

1755 SOUTH GRAND BLVD.

## 22c. DATE SIGNED

7-23-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

7/24/63

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR  
ADDRESS  
DONNELLY FUNERAL HOME, ST. LOUIS, MO.

3840 Lindell Boulevard

## 25. DATE RECD. BY LOCAL REG.

JUL 23 1963

## 26. REGISTRAR'S SIGNATURE

Road Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1

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69

YR 1920, 1921

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Francis Nelsonson*

Licensed Embalmer No.

*3565*

P. O. Address

*3840 Lindell*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.